

<i>SERFF Tracking Number:</i>	<i>HUMA-126737340</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>46305</i>
<i>Company Tracking Number:</i>	<i>AR-12-2010</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>2010 Individual Medicare Supplement Plans</i>		
<i>Project Name/Number:</i>	<i>2010 Local Marketing - Loss of Coverage/AR-12-2010</i>		

## Filing at a Glance

Company: Humana Insurance Company		
Product Name: 2010 Individual Medicare Supplement Plans	SERFF Tr Num: HUMA-126737340 State: Arkansas	
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Filed	State Tr Num: 46305
Sub-TOI: MS08I.001 Plan A 2010	Co Tr Num: AR-12-2010	State Status: Filed-Closed
Filing Type: Advertisement	Authors: Michele Zabel, Paula Williamson, Adrianna Maki, Mary Walker	Reviewer(s): Stephanie Fowler
	Date Submitted: 07/23/2010	Disposition Date: 07/23/2010
Implementation Date Requested: On Approval		Disposition Status: Filed
State Filing Description:		Implementation Date:

## General Information

Project Name: 2010 Local Marketing - Loss of Coverage	Status of Filing in Domicile:
Project Number: AR-12-2010	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/23/2010	Explanation for Other Group Market Type:
	State Status Changed: 07/23/2010
Deemer Date:	Created By: Adrianna Maki
Submitted By: Adrianna Maki	Corresponding Filing Tracking Number: AR-12-2010
Filing Description:	
Humana Insurance Company	
NAIC: 119,73288	
FEIN: 39-1263473	

Humana Insurance Company is submitting the attached marketing form for your review and approval. The form is a

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letter that will be used in local marketing campaigns for Humana Medicare Supplement insurance plans.

Form:

GHA093BHH (Loss of MA Coverage)

Policy forms ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F, ARMESM10F(HD), ARMESM10K, ARMESM10L

Please contact me via SERFF, at amaki@humana.com, or at (502)476-1262 if you have any questions or require further information relative to this filing.

## Company and Contact

### Filing Contact Information

Adrianna Maki, Compliance Analyst  
500 West Main Street  
Louisville, KY 40202

amaki@humana.com  
502-476-1262 [Phone]

### Filing Company Information

Humana Insurance Company  
1100 Employers Boulevard  
Green Bay, WI 54344  
(800) 558-4444 ext. [Phone]

CoCode: 73288  
Group Code: 119  
Group Name:  
FEIN Number: 39-1263473

State of Domicile: Wisconsin  
Company Type: Life & Health  
State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50.00 X 1 advertisement  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	07/23/2010	38248728

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Stephanie Fowler	07/23/2010	07/23/2010

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<i>Company Tracking Number:</i>	<i>AR-12-2010</i>		
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## Disposition

Disposition Date: 07/23/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule Form</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
	Loss of MA Coverage	Filed	Yes

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Filing Company: Humana Insurance Company State Tracking Number: 46305

Company Tracking Number: AR-12-2010

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 07/23/2010 H	GHA093BH	Other	Loss of MA Coverage	Initial		0.000	GHA093BHH.pdf

**[Losing your Medicare Advantage Private-Fee-for-Service (PFFS) plan?]  
Or  
[Not happy with your Medicare Advantage plan? Switch to a Medicare Supplement  
insurance plan, like those offered by Humana]**

*[insert photo of people]*

**Humana has Medicare Supplement insurance plans in [State] starting [at/under] \$[xx.xx]  
per month.\***

[You can enjoy coverage anywhere in the United States.

PLUS:

- Freedom to choose any doctor, hospital, or other provider that accepts Medicare.
- No referrals required to see a specialist!
- You don't have to pay some out-of-pocket expenses found with Medicare.
- Coverage that's guaranteed renewable as long as you pay your monthly premiums.
- Coverage when you travel in all 50 states plus Washington, D.C., and Puerto Rico.

And it's all backed by Humana – a company with more than [insert number of years in  
business] years in the healthcare business.

[Call today for information and a free, no-obligation quote:]

**[Agent Name] [1-000-000-0000] [Hours of operation]**

*[Or]*

[Call now to reserve your seat at a meeting near you.] [City/location/Address/Date/Time]

**[Agent Name] [1-000-000-0000] [Hours of operation]**

[Don't forget to ask us about our Medicare prescription drug plans!]

[Humana Logo]

Insured by Humana Insurance Company. This is a solicitation of Medicare Supplement insurance and you may be contacted by a licensed agent. Not connected with or endorsed by the U.S. government or the federal Medicare program. Medicare Supplement insurance is available to those enrolled in Parts A and B of Medicare due to age and is also available in some states to under age 65 disabled Medicare recipients. Coverage is limited to Medicare-eligible expenses. These policies have exclusions and limitations; please call your agent or Humana for complete details of coverage and costs. Policy form series MESM10 or state equivalent. Humana can cancel your policy only for nonpayment of premium or material misrepresentation. \*Premiums may vary. Price referenced is for High Deductible Plan F, age 65 who qualifies for the preferred premium rate where applicable. This premium may vary by county. [A Medicare-approved Prescription Drug Plan.]  
GHA093BHH